

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wexler &amp; Walker Public Policy Associates PAC (a unit of Hill &amp; Knowlton)

**A. Full Name (Last, First, Middle Initial)  
FRIENDS OF DICK DURBIN COMMITTEE**

Mailing Address P O BOX 1949

City  
SPRINGFIELDState  
ILZip Code  
62705Purpose of Disbursement  
Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 00

**Transaction ID:** SB23.9828

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	1

Amount of Each Disbursement this Period

500.00

**B. Full Name (Last, First, Middle Initial)  
FRIENDS OF LOIS CAPPES**

Mailing Address POST OFFICE BOX 23940

City  
SANTA BARBARAState  
CAZip Code  
93121Purpose of Disbursement  
Contribution

Candidate Name

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 22

**Transaction ID:** SB23.9814

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	1

Amount of Each Disbursement this Period

500.00

**C. Full Name (Last, First, Middle Initial)  
GIFFORDS FOR CONGRESS**

Mailing Address PO BOX 12886

City  
TUCSONState  
AZZip Code  
85732Purpose of Disbursement  
Contribution

Candidate Name

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 08

**Transaction ID:** SB23.9820

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	1

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....